

May 16, 2002

Mr. James P. Mayer
Executive Director
Little Hoover Commission
951 L Street, Suite 805
Sacramento, California 95814

Dear Mr. Mayer:

This is to provide you with my testimony for the upcoming Little Hoover Commission's public hearing on Thursday, May 23, 2002. For my testimony, I have chosen to highlight Los Angeles County's Community Assessment Service Center assessment system. This is an integrated service delivery model that assists our alcohol and drug abuse treatment system in the assessment and placement of clients in need of substance abuse, mental health, and HIV/AIDS treatment services. This system was developed to serve several specialized target populations (i.e. welfare and criminal justice participants) along with the general walk-up population.

I look forward to testifying at the hearing. In the meantime, should you have any questions or need additional information, please contact me at (626) 299-4107.

Very truly yours,

Richard E. Browne, Director
Program Development and Technical Assistance Division

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Attachments

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Los Angeles County Alcohol and Drug Program Administration Community Assessment Service Center an Integrated Service Delivery Model

Introduction

There is considerable research evidence that integrated treatment leads to better outcomes than sequential or parallel treatment. Treatment in parallel systems has been shown to be ineffective and inefficient. The treatment in either system is incomplete due to inattention to the comorbid disorder, and there is often no fixed point of responsibility for the care. In many instances, this places the burden of coordinating care on the clients rather than on the service delivery agencies.

By integrated treatment we mean that one team in one site addresses the issues of substance abuse, mental illness, trauma, and HIV/AIDS and other related-health issues. Integration involves much more than adding together two existing treatments; it produces a new synthesis of existing interventions and an innovative group of practitioners. It also eliminates the fragmentation of care.

One of the difficulties of current integrated treatment approaches is that most research has looked at integration only within the existing mental health system; that is, that for treating individuals with severe and persistent mental illness, it has been assumed that integration within the mental health system (rather than substance abuse treatment system) is more efficient. However, some of the research has found that in some groups of dually diagnosed clients (treated with an integrated approach) the treatment did not reduce their substance abuse.

California is in an excellent position to demonstrate a different approach to integration. We could test a number of models by not assuming that integration should only be implemented within the mental health system. The substance abuse system could integrate the services and test the effectiveness of an integrated model. In fact, California has had the beginnings of this test in some of the women and children substance abuse residential and day treatment programs. Some of these programs have seen significant numbers of women with severe mental illness and substance abuse, as well as other problems, and these programs have demonstrated good treatment outcomes on both mental health and substance abuse issues.

In Los Angeles County, the Community Assessment Service Center system represents our initial attempt to utilize an integrated model to assure better, more effective placement of clients in need of substance abuse, mental health, domestic violence, and HIV/AIDS treatment services.

Brief Description of Community Assessment Service Centers (CASC)

The Community Assessment Service Centers (CASC) system is composed of a partnership of substance abuse and community mental health community-based organizations located in each of the County's eight Service Planning Areas (SPA). There are currently 20 Service Center sites located throughout Los Angeles County (see map attached).

Each of the service centers acts as the entry point for any County citizens seeking alcohol and other drug treatment and recovery services. The CASCs work closely with a network of contracted alcohol and other drug treatment agencies, mental health providers, domestic violence agencies, and other community-based organizations providing information and referrals on a wide variety of supportive services. The supportive

services include job development, literacy training, temporary housing, referrals to food banks, health care, and other needed services.

The CASCs currently provide services to the general walk-up population, along with specialty populations such as General Relief and CalWORKs recipients for the Department of Public Social Services and Proposition 36 clients for the Criminal Justice system.

Screening, Assessment, and Referral Services:

Screening, clinical assessment, and referral services are provided for the general public and several special target populations. These services include:

- initial screening, both in-person and by phone;
- face-to-face comprehensive clinical substance abuse and mental health assessments, employing computerized/automated assessment instruments;
- referrals to a County funded alcohol and other drug, mental health, domestic violence and HIV/AIDS treatment providers.

Ancillary service referrals which include, but are not limited to, vocational rehabilitation, education, transportation, public social services, housing, health, and legal services, are also provided depending on the clients needs.

Assessments are performed utilizing an automated version of the nationally recognized Addiction Severity Index (ASI) for substance abuse assessments. This instrument is administered by certified assessment staff and yields a bio-psych-social history covering the seven life areas which include medical status, employment status, drug/alcohol use, legal status, family history, family/social relationships and psychiatric status. Information gained during the assessment interview is available and usually forwarded to the treatment program to which the client is referred and assists treatment staff in the development of initial treatment plans.

The Behavioral Health Assessment Program (BSAP) is used for mental health assessments. This automated instrument is identical to the ASI except for an enriched psychiatric domain. It is administered by licensed mental health professionals. As with the ASI assessments, the results of the assessment are available to the mental health program that the client is referred to.

Medical Component

Each CASC provides a limited physical examination for clients that are assessed and referred to treatment. This service component is available 16 hours per week in each CASC Service Planning Area. The limited physical includes screening for infectious disease (i.e. T.B., STDs, HIV, Hep C, etc.). Upon the completion of the diagnostic medical evaluation, patients are referred to appropriate primary care services, based on clinical findings.

HIV/AIDS Services

Each CASC must have a full-time HIV/AIDS Resource Specialist. This position is responsible for a variety of HIV/AIDS related services which include but are not limited to:

- The coordination of services for any HIV+ substance abuser, injection drug user, or high risk substance misuser seeking services at the CASC. This includes referrals to existing County funded HIV/AIDS substance abuse services, ancillary services and limited case management.
- The development and maintenance of a comprehensive, HIV/AIDS resource directory, insuring that all available County and private resources are included in the directory and available to clients and agencies providing substance abuse services.
- Developing and maintaining linkages with agencies that provide HIV/AIDS services within the CASC's Service Planning Area.
- Working with high risk outreach teams, needle exchange programs, and mobile HIV testing and counseling units to link perspective clients to substance abuse treatment and ancillary services.
- Developing and maintaining an on site inventory of HIV/AIDS literature.
- Developing and maintaining a list of approved HIV training available for contract agency staff.
- Attending HIV/AIDS related meetings to assure that the latest information regarding HIV/AIDS is available for staff and clients.

Additional Service Responsibilities

CASC providers are also responsible for the following:

- Receiving and managing calls from the 1-800 toll-free alcohol and other drug referral line.
- Inclusive resource directory information, including all substance abuse, mental health, and domestic violence agencies within the immediate Service Planning Area. This also includes linkage to the Info Line Database of Health & Human Services Agencies. The Info Line database is a comprehensive source of health and human services in Los Angeles County. It contains listings for more that 4,500 agencies and includes thousands of services.
- The provision of transportation for clients and on-site child care at all locations.
- Convening regularly scheduled area provider meetings, attended by Service Planning Area substance abuse, mental health, domestic violence providers, and other human service agencies located within the SPA.
- The coordination and scheduling of on-site supportive service provider orientations to applicants and participants at DPSS District and GAIN Regional Offices, located within the SPA.
- The maintenance of collaborative and cooperative linkages with public, private, social, economic, health care, legal, vocational, and mental health service organizations.

Special Target Populations

Department of Public Social Services

The CASCs provide assessment and referral services for two Department of Public Social Services populations: General Relief and CalWORKs applicants and recipients. The following is a brief description of services provided for each population.

General Relief

In November, 1997, at the request of the Los Angeles County Board of Supervisors, DPSS implemented the General Relief Mandatory Substance Abuse Recovery Program. This program mandated General Relief (GR) applicants and recipients undergo assessment for substance abuse if there was reasonable suspicion that the individual may be chemically dependent. The Board further required that anyone screened and professionally evaluated to be in need of treatment, must participate in a treatment program as a condition of receiving GR.

The program design required each applicant to be screened for suspicion of substance abuse by DPSS eligibility worker staff using a simple screener that had been developed by the UCLA Drug Abuse Research Center.

Applicants for whom reasonable suspicion was established were referred to the nearest CASC for a professional evaluation. The ASI was used to confirm the need for treatment and if the results were contested the applicant was given a urine screen to confirm the diagnosis. Those determined to have a substance abuse problem were referred to a licensed, certified and contracted treatment program.

The CASC was also responsible for entering the results into a DPSS computerized tracking system (known as GREAT) and following up with the treatment program to make sure the client entered treatment. For GR applicants that were already engaged in substance abuse treatment at time of application, the CASC was responsible verifying that the treatment program was indeed licensed and certified by the State Department of Alcohol and Drug Programs and notifying DPSS of this via the GREAT computer system.

The CASC has also assisted in the implementation of this project by establishing a forum for initial training and program consultation via their monthly provider area meetings. During the first year of operation the CASCs assessed over 25,000 GR applicants and placed more than 12,000 in treatment. During this time period over 16% completed treatment and an additional 22% were still in treatment. For the first nine months of the current fiscal year the CASCs have provided 9,250 GR assessments, with 7,611 being referred to treatment and 5,788 being admitted to treatment.

CalWORKs

The CalWORKs services that are provided by the CASC were mirror-imaged after the General Relief Mandatory Substance Abuse Program. The major differences are as follows:

- Clients are not assessed to confirm suspected substance abuse, but are assessed to determine the level of care and to determine the best treatment program to meet their needs.

- With the integration of mental health staff through the mental health/substance abuse community based organization partnership, that was fostered through the CASC RFP process, mental health assessments and referrals are provided.
- CASCs are responsible for coordinating outreach and orientation activities that are conducted in DPSS district Offices at time of application, and at GAIN Regional Offices at the time of GAIN orientations and Job Club. This includes the scheduling of substance abuse, mental health, and domestic violence agency staff at those locations. It also includes ensuring a team approach and quality control.

Through the first nine months of the current fiscal year the CASCs have performed 351 substance abuse assessments and 2096 mental health assessments and have placed 208 and 975 clients into treatment respectively.

Proposition 36

The CASCs are responsible for performing assessment for all clients referred by the courts that are eligible for Proposition 36. After assessment the CASC determines the level of care and makes this recommendation to the Department of Probation and the court bench officer. The CASC also identifies the treatment program and ensures that the treatment program has an available slot. CASC staff then perform the necessary follow-up to confirm the client showed for treatment.

The CASC works closely with the courts, treatment programs, the Public Defender, and Probation. The Proposition 36 Probation Officer is co-located at CASC sites. This facilitates communication on clients and allows the Probation Officer to provide participants with a full orientation of the terms and conditions of probation as established by the Court at the same time that the assessment is administered. The CASC also determines if participants have other human service needs and provides necessary referrals.

Perspective participants who appear to be severely mentally ill are termed “high risk” and are transported to the Twin Towers jail facility in downtown Los Angeles for a specialized assessment that is conducted by the Jail mental health staff in conjunction with the SPA 4 CASC clinical assessment staff. The assessment determines if the participant can participate in a dual diagnosis treatment program or needs to be stabilized prior to admission to a substance abuse treatment program.

Through the first nine months of the current fiscal year the CASCs have assessed 5,440 Proposition 36 participants and have referred 5,086 to treatment. 3,751 participants have arrived at treatment, 656 are pending treatment, 665 did not show to treatment, and 14 refused treatment.